Effective October 1, 2003												2/		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			14				Γ	RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIC FE	E 385.00	OB	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		*			X\$ 9=	1	1	10010			
INDEPENDENT CLAIMS			3 minus 3 =		•		 -	X43=	 	JOR	Yos			
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				-	A43=	 	OR	X86=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+145=	<u> </u>	OR	+290=			
CLAIMS AS AMENDED - PART II							•	TOTAL	<u> </u>	OR	TOTAL	770		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	-14	Minus	-2	U	=		X\$ 9=		OR	X\$18=			
	Independent	1. 3	Minus	3	5	=		X43=		OR	X86=			
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	<u> </u>		+290=			
			-		٠		L	TOTAL		OR	TOTAL			
	,	(Column 1)		(Colum	n 2)	(Column 3)	AD	DIT. FEE	<u> </u>	OR	ADDIT. FEE	- E		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	** .	•	=	5	K\$ 9=		OR	X\$18=	,		
	Independent	*	Minus	***		=	 	X43=	,	OR	X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		.	145=		7	+290=			
							Ľ	TOTAL		OR	TOTAL			
		(Column 1)		(Columr		/Caluma 0)	ADE	DIŢ. FEE		OR,	DOT FEEL			
MEN		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ST R ISLY	(Column 3) PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	٠	Minus	dr.h		=	X	\$ 9=		OR	X\$18=			
	Independent		Minus	***		=	\vdash	43=		ı	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OR +290= **TOTAL OR ADDIT FEE											<u> </u>			
11	the "Highest Nur	nber Previously Pai nber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is to	ess than	3 enter "3"	: ADD	IT. FEE			DDIT. FEE 🖶			

Application or Docket Number